

**FEC FORM 9****24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

**AMERICAN FUTURE FUND**(b) Address (number and street) ☐ check if different than previously reported  
4225 FLEUR DRIVE #142(c) City, State and ZIP Code  
DES MOINES

IA 50321

**2. FEC Identification Number****C** C30001028

(d) Name of Employer or Principal Place of Business

n/a

(e) Occupation

n/a

**3. Is This Statement**☐**New**

or

☒**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2010

through

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2010**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2010(b) Communication Title Not The Sopranos**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Sandy Greiner

(b) Address (number and street)  
4225 Fleur Drive #142

(c) City, State and ZIP Code

Des Moines

IA 50321

(d) Name of Employer or Principal Place of Business

self-employed

(e) Occupation

Farmer

**9. Total Donations This Statement**

, , .00

**10. Total Disbursements/Obligations This Statement**

, , 62200.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Sandy Greiner

SIGNATURE

Sandy Greiner

[Electronically Filed]

DATE

02/07/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.